

FILED JUN 6 1952

STANDARD CERTIFICATE OF DEATH

17948
State File No. 4793
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 19 4470 Delmar	

3. NAME OF DECEASED (Type or Print)	a. (First) Moses	b. (Middle)	c. (Last) Elder	4. DATE OF DEATH (Month) (Day) (Year)
				May 22 1952

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Aug 24 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 8 Days	IF UNDER 1 HR. 28 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Moses Elder	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elvira Smith	ADDRESS 2619 Cole
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Lung		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Left Pleural Effusion Arteriosclerotic Heart Disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163 X
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22. I hereby certify that I attended the deceased from **5-10**, 19 **52**, to **5-22**, 19 **52**, that I last saw the deceased alive on **5-22**, 19 **52**, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Lorena W. Harris (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 5-23-52
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 5-26-52	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem	24d. LOCATION (City, town, or county) (State) Wellston MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 24 1952	25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	ADDRESS Alf. Walker 2707 STODDARD
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Primary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Arthur L. Heilbard

Student
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.